Diabetes Success Stories Template 2017-2018

Alabama Department of Public Health			Submission Date:	
Alabama Diabetes Program			Receipt Date:	
Masania Diasetes i Tograni			receipt bate.	
Organization:				1
Program Name:				†
Submission Contact:				1
Contact Email:		Phone:		1
Contact Linan.		riione.		I
Success Story Title:				
Juccess Story Title.				-
Overview:				
State here an abstra	ct of your project.			
State Here all abstract	or your project.			
Intervention:				
State here a brief sur	mmary of the intervention (e.g., the	e actions taken by a clinic	to increase DSME referrals or	identify
patients with high A:				
patients with high A.	LC results).			
patients with high A.	LC results).			
patients with high A.	LC results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
patients with high A.	.C results).			
	.C results).			
Outcomes/Impact:				
Outcomes/Impact:	me of the intervention (e.g., DSME	referrals increased, DSN	1E patients lowering their A1C).	
Outcomes/Impact:		referrals increased, DSM	1E patients lowering their A1C).	
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Data Summary
State any statistics or patient success stories associated with this program's success story. Please only include information
that is approved for public release.
Additional Comments / Future Stone
Additional Comments/ Future Steps: State any additional comments you have or anything else you would like to include in your success story.
State any additional comments you have or anything else you would like to include in your success story.
Attachments?
Permission to include success story and attached information into newsletter?
Signature:
Date of Signature: